

The Kerala State Financial Enterprises Ltd.,
(A Government of Kerala undertaking)

Reg. Office : THRISSUR - 20

SUGAMA DEPOSIT SCHEME

Branch.....

Account No.....

Date.....

Sir,

I/We request you to open a Sugama Deposit Account in My/our name(s).

I/We hereby declare that the rules of Sugama Deposit Account of the Kerala State Financial Enterprises Ltd., have read by me/us and that I/We accept them as binding up on me/us. to me/us

I/We also declare that the account will be operated upon by either or survivor jointly or survivor/any one of us or any one of the survivor of us or the last survivor. I/We also agree that the repayment of deposit exceeding ₹. 20,000/- subject to Income Tax Act Section 269 T will be paid only by account payee cheque.

Nominee
Name, (relationship) and address of the nominee
.....
.....
.....
.....

Yours faithfully,
.....
.....
.....
Signature and Name
of applicant

Name and address

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.....
.....

Occupation.....

Date of Birth..... PAN

Telephone No. Office..... Residence.....

Introduced by :

Signature :

Name :

A/c. No. :

Specimen Signature

Account No:

1)

2)

3)

Open Account

Ref 5101/SG-1

Br. Manager